

**LOUISIANA NONRESIDENT PROFESSIONAL ATHLETE
TEAM COMPOSITE INCOME TAX RETURN
ONLY ONE FILING OPTION MAY BE CHOSEN**

☐ Amended


Team name _____

Team mailing address _____

| | | | |
|-------------------|-------|------------------|-----------|
| City | State | ZIP | Telephone |
| Louisiana Revenue | | Federal Employer | |
| Account Number | | ID Number (FEIN) | |

Please mark the box of the option chosen:

☐ **Option "A"** allows each member's tax to be determined using a worksheet. Please read the accompanying instructions.

Complete Option "A" forms only.

A1 Total Tax from Column "L" of OPTION A - SCHEDULE A-1 _____ .00

A2 Total Payments from Column "M" of OPTION A - SCHEDULE A-1 _____ .00

A3 Balance Due (Overpayment) _____ .00

If Line A3 is less than zero this amount will be refunded to the team.

☐ **Option "B"** The Louisiana income tax is computed by summing the entries to Column "G" of OPTION B-SCHEDULE B-1 (the Louisiana income attributable to all nonresident professional athletes included in the composite return). A deduction equal to 30 percent of the Louisiana income is then taken. This deduction is allowed in place of the combined standard deduction and personal exemption and federal tax deduction for the same period. Please read the accompanying instructions.

Complete Option "B" forms only.

B1 Total Income from Column "G" of OPTION B - SCHEDULE B-1 _____ .00

B2 Deduction Amount – Multiply Line B1 by .30 (30%). _____ .00

B3 LA taxable income attributable to nonresident team members – Subtract Line B2 from Line B1. _____ .00

B4 Tax Rate. _____ .06

B5 Tax Amount – Multiply Line B3 by Line B4. _____ .00

B6 Taxes prepaid – Sum of Column "H" OPTION B - SCHEDULE B-1. _____ .00

B7 Balance Due – (Overpayment) _____ .00

If Line B7 is less than zero this amount will be refunded to the team.

C1 Interest – See instructions on page 4. _____ .00

C2 Penalty – See instructions on page 4. _____ .00

C3 Amount Due (Overpayment) _____ .00

Please make check payable to the Louisiana Department of Revenue.

Remit to P.O. BOX 4998, Baton Rouge, LA 70821-4998

Under penalties of perjury, I declare that I have examined this return including all accompanying documents, and to the best of my knowledge, and belief, it is true, correct, and complete. Declaration of paid preparer is based on all available information.

Please sign here.

| | | |
|----------------|------|--|
| Your signature | Date | Signature of paid preparer other than taxpayer |
| | | Social Security Number, PTIN, or FEIN of paid preparer |